

APPLICATION DATA SHEET**Application Information**

Application Number::	National Stage of PCT/SE2004/000528
Filing Date::	May 31, 2005
Application Type::	Regular
Subject Matter::	National Stage Application
Suggested Classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	No
Number of CD Disks::	0
Number of Copies of CDs::	None
Sequence Submission?::	No
Computer Readable Form (CFR)?::	No
Number of Copies of CFR::	None
Title::	GAS SPRING
Attorney Docket Number::	35947-218701
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	NONE
Total Drawing Sheets::	SIX
Small Entity?::	NO
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	None
Licensed US Govt. Agency::	
Contract or Grant Numbers::	None
Secrecy Order in Parent Appl.::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Marcus
Middle Name::
Family Name:: CRONHOLM
Name Suffix::
City of Residence:: MJÖLBY
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Vintergatan 14
City of Mailing Address:: MJÖLBY
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-595 53

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Leif
Middle Name::
Family Name:: LUNDAHL
Name Suffix::
City of Residence:: NÖBBELE
State or Province of Residence::
Country of Residence:: Sweden

Street of Mailing Address:: Björkhagen
City of Mailing Address:: NÖBBELE
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-360 47

Applicant Authority Type:: Inventor
Primary Citizenship:: Swedish
Country:: Sweden
Status:: Full Capacity
Given Name:: Jakob
Middle Name::
Family Name:: AXELSSON
Name Suffix::
City of Residence:: LINKÖPING
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Rydsvägen 250C
City of Mailing Address:: LINKÖPING
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-584 34

Correspondence Information

Correspondence Customer Number:: 26694
Phone Number:: (202) 344-4000
Fax Number:: (202) 344-8300
E-Mail Address:: www.venable.com

Representative Information

Representative Customer **26694**
Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	0301095-6	April 11, 2003	Yes

Assignee Information

Assignee Name:: **STRÖMSHOLMEN AB**
Street of Mailing Address:: **Box 216**
City of Mailing Address:: **TRANÅS**
State or Province of Mailing Address::
Country of Mailing Address:: **SWEDEN**
Postal or Zip Code of Mailing Address:: **S-573 23**